

CASE SUMMARY

INFORMATION ON PROPOSED SETTLEMENT OF LITIGATION

CASE NAME	Maria Marquez and Ruben Marquez v. County of Los Angeles
CASE NUMBER	TC018702
COURT	Los Angeles County Superior Court South Central District
DATE FILED	March 4, 2005
COUNTY DEPARTMENT	Department of Health Services
PROPOSED SETTLEMENT AMOUNT	\$250,000.00
ATTORNEY FOR PLAINTIFF	Eric Seuthe, Esq.
COUNTY COUNSEL ATTORNEY	Narbeh Bagdasarian Deputy County Counsel (213) 974-1864
NATURE OF CASE	<p>This is a medical malpractice case brought by Maria Marquez and her husband, Ruben Marquez, against the County of Los Angeles for the injuries suffered by Maria Marquez at Harbor/UCLA Medical Center ("HUMC").</p> <p>On June 7, 2004, Maria Marquez, underwent a surgical procedure on her back at HUMC. To prepare the patient for the surgery, HUMC personnel</p>

intubated the patient. The intubation procedure was difficult, and plaintiffs' allege that, the patient's pharynx was injured during that procedure and there was a delay by medical staff in recognizing the injury.

Parties actively litigated this case and conducted extensive discovery to determine the cause and extent of plaintiffs' injuries and damages. The Department of Health Services agreed to propose a full and final settlement of this case in the amount of \$250,000.

PAID ATTORNEY FEES, TO DATE	\$83,349.00
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PAID COSTS, TO DATE	\$34,293.00
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Summary Corrective Action Plan



Date of incident/event:	June 7, 2004
Briefly provide a description of the incident/event:	Maria Marquez, a 55 year old woman, underwent a spinal procedure on June 7, 2004. Post-operatively it was identified that Ms. Marquez sustained an esophageal perforation as a result of the intubation and developed an infection. She was treated and transferred to LAC+USC for subsequent management.

1. Briefly describe the root cause of the claim/lawsuit:

Delay in diagnosing complications of traumatic intubation.

2. Briefly describe recommended corrective actions:
(Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)

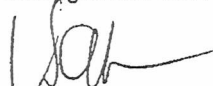
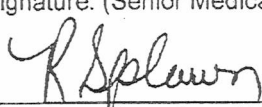
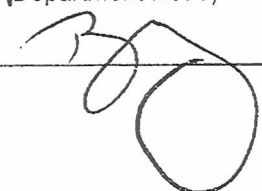
- All appropriate personnel corrective actions have been taken.

3. State if the corrective actions are applicable to only your department or other County departments:
(If unsure, please contact the Chief Executive Office Risk Management Branch for assistance)

☐ Potentially has County-wide implications.

X Potentially has implications to other departments (i.e., all human services, all safety departments, or one or more other departments).

☐ Does not appear to have County-wide or other department implications.

Signature: (Risk Management Coordinator)	Date:
	12/3/07
Signature: (Senior Medical Director)	Date:
	12/3/07
Signature: (Department Head)	Date:
	12.3.07